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**United States Government Accountability Office
Washington, DC 20548**

September 4, 2008

Congressional Addressees

Subject: *Defense Health Care: Oversight of Military Services' Post-Deployment Health Reassessment Completion Rates Is Limited*

Military servicemembers engaged in combat tours in Afghanistan and Iraq are at risk of developing combat-related mental health conditions, including post-traumatic stress disorder (PTSD). In many cases, signs of potential mental health conditions do not surface until months after servicemembers return from deployment. In 2004, Army researchers published a series of articles that indicated a significant increase in the number of servicemembers reporting mental health concerns 90 to 120 days after returning from deployment, compared with mental health concerns reported before or soon after deployment.¹ These findings led the Department of Defense (DOD) in March 2005 to develop requirements and policies for the post-deployment health reassessment (PDHRA) as part of its continuum of deployment health assessments for servicemembers. PDHRA is a screening tool for military servicemembers; it is designed to identify and address their health concerns—including mental health concerns—90 to 180 days after return from deployment. Servicemembers answer a set of questions about their physical and mental health conditions and concerns, and health care providers review the answers and refer servicemembers for further evaluation and treatment if necessary. A November 2007 study showed that a larger number of servicemembers indicated mental health concerns on their PDHRAs than on assessments earlier in their deployment cycles.²

Although DOD established PDHRA requirements and policies, it gave the military services discretion to implement them to meet their unique needs as long as the services adhere to the requirements and policies. DOD oversees the military services' compliance with PDHRA requirements through its deployment health assessment quality assurance program and is required to report on the quality assurance program annually to the Armed Services Committees of the House of Representatives and Senate.³ In June 2007, we reported that DOD's oversight of its deployment health assessments does not provide DOD or Congress with the information needed to evaluate DOD and the military services' compliance with

¹P. D. Bliese, K. M. Wright, A. B. Adler, et al., Screening for Traumatic Stress Among Re-Deploying Soldiers, U.S. Army Medical Research Unit-Europe Research Report 2004-001 (Heidelberg, Germany: USAMRU-E, 2004) and C. W. Hoge, C. A. Castro, S. C. Messer, et al., "Combat Duty in Iraq and Afghanistan, Mental Health Problems, and Barriers to Care," *The New England Journal of Medicine*, 351, (2004.)

²C.S. Milliken, J.L. Auchterlonie, C.W. Hoge, "Longitudinal Assessment of Mental Health Problems Among Active and Reserve Component Soldiers Returning From the Iraq War," *Journal of the American Medical Association*, 298(18) (2007):2141-2148.

³10 U.S.C. § 1073b(a).

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deployment health assessment requirements.⁴ That report is part of a body of work in which we identified weaknesses in DOD's quality assurance program.⁵

The Senate Committee on Armed Services directed us to review DOD's oversight of PDHRA, and the House Committee on Armed Services and 11 senators also expressed interest in this work.⁶ In this report, we focus on how DOD ensures that servicemembers complete the PDHRA.⁷ Specifically, we discuss how well DOD's quality assurance program oversees the military services' compliance with the requirement that they ensure that servicemembers complete the PDHRA.

To evaluate how well DOD's quality assurance program oversees the military services' compliance with the requirement that they ensure servicemembers complete the PDHRA, we reviewed DOD's policies for PDHRA and its deployment health assessment quality assurance program.⁸ We also reviewed our June 2007 report on the implementation of DOD's quality assurance program, which is based on 2005 and 2006 data. We interviewed officials from DOD and the military services to determine whether the process and procedures DOD's quality assurance program uses to oversee the military services' compliance with deployment health assessments have changed since our 2007 report. In addition, we analyzed all quarterly reports submitted to DOD's quality assurance program from the four services for 2007. We also analyzed the four reports the military services submitted to DOD's quality assurance program for the first quarter of 2008, and the July 2008 monthly report from the Armed Forces Health Surveillance Center (AFHSC).⁹ All of these reports are submitted to DOD's quality assurance program. Furthermore, we used these interviews and documents to gain additional knowledge of and clarification on the instructions and guidance for PDHRA.

We conducted our work from February 2008 through July 2008, in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence

⁴GAO, *Defense Health Care: Comprehensive Oversight Framework Needed to Help Ensure Effective Implementation of a Deployment Health Quality Assurance Program*, GAO-07-831 (Washington, D.C.: June 22, 2007).

⁵GAO, *Military Personnel: Top Management Attention is Needed to Address Long-standing Problems with Determining Medical and Physical Fitness of the Reserve Force*, GAO-06-105 (Washington, D.C.: Oct. 27, 2006); GAO, *DOD Civilian Personnel: Greater Oversight and Quality Assurance Needed to Ensure Force Health Protection and Surveillance for Those Deployed*, GAO-06-1085 (Washington, D.C.: Sept. 29, 2006); GAO, *Defense Health Care: Force Health Protection and Surveillance Policy Compliance Was Mixed, but Appears Better for Recent Deployments*, GAO-05-120 (Washington, D.C.: Nov. 12, 2004); and GAO, *Defense Health Care: Quality Assurance Process Needed to Improve Force Health Protection and Surveillance*, GAO-03-1041 (Washington, D.C.: Sept. 19, 2003).

⁶S. Rep. No. 110-77, at 360 (2007).

⁷For purposes of this report, "servicemembers" include active duty and Reserve components.

⁸DOD's policy delegates the responsibility for executing the quality assurance program to the Deputy Assistant Secretary of Defense for Force Health Protection and Readiness. In this report, we refer to this quality assurance program as "DOD's quality assurance program."

⁹AFHSC is a DOD agency that performs comprehensive medical surveillance and reporting on rates of diseases and injuries among servicemembers. AFHSC operates the Defense Medical Surveillance System (DMSS), which contains data on diseases and medical events and longitudinal data on personnel and deployments, including deployment health assessments. Each of the military services is required to electronically submit completed PDHRAs to DMSS.

obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Results in Brief

DOD's quality assurance program has limitations and does not allow the department to accurately assess whether the military services ensure that servicemembers complete the PDHRA. DOD's quality assurance program relies on quarterly reports from each military service, monthly reports from AFHSC, and site visits to military installations to oversee the military services' compliance with deployment health assessment requirements, including completion of PDHRA. Each of these sources of information has limitations. The military services' quarterly reports and the monthly reports from AFHSC do not provide the information DOD needs to accurately assess the military services' PDHRA completion rates, which would allow DOD to determine if the military services have ensured that servicemembers completed the PDHRA. These reports do not allow DOD to calculate a completion rate because they do not provide essential information, such as the total number of servicemembers who returned from deployment and should have completed the PDHRA in that quarter or month. Furthermore, DOD cannot use information collected from site visits to validate the services' quarterly reports because the small number of site visits constitutes an insufficient sample for validation purposes. In our 2007 report, we recommended that DOD make enhancements to its quality assurance program, which would allow the department to better evaluate compliance with deployment health requirements. Although DOD concurred with the recommendation included in the 2007 report, as of June 2008, the department had not implemented the recommendation. As a result, DOD's quality assurance program cannot provide decision makers with reasonable assurance that servicemembers complete PDHRA.

Overall, DOD concurred with our report's findings and conclusions; however, DOD identified several items in the report that it addressed in written comments. DOD suggested that the function of oversight is beyond the scope of the quality assurance program. Additionally, DOD commented that the department is taking steps that it believes will resolve some of the issues we note in this report. However, DOD did not provide us with relevant details or evidence pertaining to these efforts. We believe that oversight is an essential function of the quality assurance program and that the program currently does not receive the information necessary to perform this function.

Background

Screenings and assessments of servicemembers' physical and mental health status are to occur at several times during the deployment cycle. These assessments are the pre-deployment health assessment, the post-deployment health assessment (PDHA), and PDHRA. (See enclosure I for a description of the purpose and timing of these assessments.)

DOD developed requirements that all military services must follow when administering the PDHRA, although DOD allows the military services flexibility in administering the assessment based on their unique needs and organizations. In administering the PDHRA, all services use a standardized form that contains demographic and health care screening questions. The health screening questions focus on servicemembers' current physical and mental health conditions and concerns. (See enclosure II for a copy of the PDHRA form.)

Servicemembers are given the option of answering the health screening questions. DOD's PDHRA requirements are:¹⁰

- Military services must ensure that servicemembers complete the PDHRA within 90 to 180 days after returning from deployment.¹¹ DOD has designated the PDHRA as a "commander program," meaning that unit commanders at military installations are responsible for ensuring that their servicemembers complete PDHRAs within this time frame.
- Servicemembers' PDHRA forms are to be reviewed by a health care provider—including primary care physicians, physician assistants, and nurse practitioners—who must certify that the assessments were reviewed by signing the form.
- Health care providers are to interview servicemembers who report any health concerns on their PDHRA forms.
- After the PDHRA form is reviewed, it is to be placed in a servicemember's military health record. A copy of the completed PDHRA form is also to be submitted electronically by the military services to DOD's Defense Medical Surveillance System (DMSS). The system is a central repository of medical surveillance data for the U.S. armed forces that is operated by AFHSC.

DOD established a deployment health quality assurance program in January 2004 to ensure that servicemembers receive deployment health assessments as required.¹² Although DOD's program predates the PDHRA, DOD uses the quality assurance program to oversee compliance with PDHRA requirements.¹³ As of June 2008, DOD's quality assurance program was staffed with one full-time equivalent position.¹⁴

DOD'S Deployment Health Quality Assurance Program Cannot Accurately Assess Military Services' PDHRA Completion Rates

DOD's quality assurance program relies on multiple sources of data to oversee the military services' compliance with deployment health requirements, including completion of PDHRAs. Taken individually or as a whole, these data do not allow the department to accurately assess whether PDHRAs are being completed.

¹⁰Assistant Secretary of Defense for Health Affairs Memorandum, "Post-Deployment Health Reassessment," (Mar. 10, 2005), and Department of Defense Instruction 6490.03, Section E4.A3.2.12, "Deployment Health," (Aug. 11, 2006).

¹¹Servicemembers who are deployed overseas for more than 30 continuous days to locations without permanent military treatment facilities are required to complete PDHRA. It is the commander's decision whether servicemembers who do not meet the criteria complete these health assessments.

¹²The quality assurance program was required by the National Defense Authorization Act for Fiscal Year 1998, Pub. L. No. 105-85, § 765(a)(1), 111 Stat. 1629, 1826 (1997) (codified as amended at 10 U.S.C. § 1074f(d)).

¹³DOD's policy and implementing guidance for the program is contained in a 2004 policy memorandum, Assistant Secretary of Defense for Health Affairs, "Policy for Department of Defense Deployment Health Quality Assurance Program," (Jan. 9, 2004). DOD subsequently issued additional guidance for the quality assurance program in 2007. DOD Instruction 6200.05, "Force Health Protection (FHP) Quality Assurance (QA) Program," (Feb. 16, 2007).

¹⁴According to DOD's quality assurance program manager, other DOD and military services staff provide analytical assistance to the quality assurance program as needed.

The military services' quarterly reports to DOD's quality assurance program do not provide the information DOD needs to accurately assess PDHRA completion rates for each of the military services. DOD's quality assurance policy requires the services to report (1) the number of servicemembers who deployed and returned from deployment and (2) the number of post-deployment health assessments completed, including PDHRAs. This information is essential to help DOD accurately determine completion rates of PDHRAs, as well as other deployment health assessments, across the military services. In our 2007 report, we recommended that the Assistant Secretary of Defense for Health Affairs enforce the requirement for the services to provide consistent information on all deployment health requirements on a quarterly basis. Although DOD concurred, we found that the data included in the quarterly reports for 2007 and the first quarter of 2008 remain inconsistent and incomplete.

Because DOD does not provide specific standards for collecting and reporting this required information, there are inconsistencies within a service and among the services in what information is included in each quarterly report. For example, we found inconsistencies within the Army's four quarterly reports for 2007:

- In the first quarter, the Army reported on samples ranging from 30 to 50 servicemembers who should have completed the PDHRA at eight installations.
- The second quarter report included information on a sample of 91 servicemembers who should have completed the PDHRA at one installation.
- In its third quarter report, the Army did not include any information on deployment health assessments, including PDHRA, citing time constraints, competing events, and personnel changes.
- The fourth quarter report included information on deployment health assessments, except for PDHRA, for a sample of 143 servicemembers at one installation. An Army official told us that these servicemembers had recently returned from deployment and were not in the 90 to 180 day time frame for completing the PDHRA.

Additionally, information included in the quarterly reports varies among the services. For example, in contrast to the Army's quarterly reports, we found that the Air Force did not include PDHRA in its quarterly reports for 2007. In its 2008 first quarter report, the Air Force reported on the aggregate number—over 50,000—of all of its servicemembers who had returned from deployment and should have completed PDHRAs since March 2004.

Additionally, the military services do not consistently include PDHRA in their quarterly reports. For example, 6 of the 16 2007 quarterly reports that we reviewed did not include any information on the PDHRA. The absence of such data hampers the department's ability to compare compliance across the military services and within each military service across time. The DOD quality assurance program manager told us that she was aware of the inconsistencies in the military services' quarterly reports and said that she does not have the authority to enforce the two reporting requirements for the military services' quarterly reports.

Additionally, AFHSC is required to report monthly to DOD's quality assurance program on servicemembers' deployment health assessments, including PDHRAs, but as of June 2008, these reports did not include all of the information DOD's quality assurance program needs to accurately assess PDHRA completion rates. These reports include the number of

servicemembers who have completed the health assessment. This number is based on the number of completed PDHRAs submitted by each military service to AFHSC's DMSS database. As we reported in 2007, DOD does not require AFHSC to report the number of servicemembers who should have completed deployment health assessments.¹⁵ As a result, we recommended in 2007 that DOD provide AFHSC with specific reporting requirements for the reports, which would include identifying the total number of servicemembers who returned from deployment and who should have completed PDHRAs. In its comments, DOD stated that it would work with AFHSC to specify reporting requirements, such as the total number of servicemembers who returned from deployment, in order to get a more accurate picture of compliance. However, as of June 2008, the department had not specified reporting requirements for AFHSC's reports.

While the quality assurance program manager does not obtain the total number of servicemembers who returned from deployment from AFHSC, the PDHRA program manager determines this number using a DOD database. Using this number and the number of completed PDHRAs from AFHSC, the PDHRA program manager determines a PDHRA completion rate for each service and makes this information available to the DOD quality assurance program manager. However, service-wide PDHRA completion rates are not included in DOD's quality assurance program's annual report to DOD and Congress.

The DOD quality assurance program manager conducts a site visit to one installation per service per year to validate whether the information that the military services provide in their quarterly reports is correct, but we believe findings from the site visits, as currently conducted, should not be used for this purpose.¹⁶ During the site visits, servicemembers' medical records are reviewed to determine whether the required deployment health assessments, including PDHRAs, are in these records. Since the PDHRA is a commander program, the implementation can vary from one installation to another within a service, depending on an installation's unique needs and resources. Because of this potential variation among installations, DOD's quality assurance program cannot use one installation as a sufficient sample for validation of the information the military services include in their quarterly reports.

Agency Comments and Our Evaluation

DOD reviewed a draft of this report and provided written comments, which appear in enclosure III. Overall, DOD concurred with our report's findings and conclusions and identified several items in the report that DOD addressed in its written comments.

DOD suggested that oversight can include supervision or management, and consequently, this function would be beyond the scope of a quality assurance program. DOD noted that the actual management and execution of PDHRAs are the responsibility of commanders and the Military Health System. We acknowledge in our report that commanders bear responsibility for implementing the program. However, DOD's quality assurance program is required by statute to evaluate the success of DOD's deployment health assessment system in ensuring that servicemembers receive these assessments. PDHRA is one of DOD's deployment health

¹⁵GAO-07-831.

¹⁶Site visits are planned, coordinated, and conducted jointly by staff members from DOD's quality assurance program and the services' medical department.

assessments, and as such, we believe oversight is an important part of evaluating the success of the system.

DOD stated that the key to assessing PDHRA compliance across the services is to ensure that the military services provide complete and accurate information to DOD's enterprise-wide systems of record. To that end, DOD stated that it is working to develop high quality data feeds from the military services to DOD's databases that contain its systems of record and that DOD continues to work on improving the completeness and accuracy of the military services' data. However, DOD did not provide relevant details pertaining to these efforts or set a date by which these efforts are to be fully implemented. Therefore, it is essential that the quality assurance program receives complete and accurate information from the services in their quarterly reports in order to assess PDHRA completion rates and report them to decisionmakers.

Also, DOD stated that site visits are not conducted to validate information provided in the services' quarterly reports, but are intended to allow DOD to understand the military services' operations and to provide staff assistance in a nonthreatening fashion. However, DOD's 2004 quality assurance program policy establishes that site visits are intended to complement and validate service deployment health quality assurance program reports. Although an additional policy of the quality assurance program was issued in 2007, it explicitly states that it expands deployment health quality assurance activities pursuant to the 2004 policy. The 2007 policy states that periodic on-site visits and reviews may serve as monitoring mechanisms for deployment health assessments. We stated in this report that the site visits as currently conducted should not be used for validation purposes. As DOD acknowledged, its site visits cannot possibly provide the volume of data necessary to validate the information contained in the services' databases.

DOD pointed out that given the differences of combat and operations among the services, it is unlikely that the quarterly reports from each service would ever look the same over time. The flexibility afforded to each service in its quarterly reports is noted in this report. However, we maintain that each quarterly report should contain consistent information on all deployment health assessments that can be used by DOD's quality assurance program to help DOD accurately determine completion rates of deployment health assessments across the military services.

In comments to our June 2007 report, DOD agreed with our recommendation to provide specific reporting requirements to the Army Medical Surveillance Activity (AFHSC's title prior to February 2008). DOD has now stated that AFHSC has developed a detailed compliance methodology using DOD-level data sources, and as a result, there is no need to modify AFHSC's reporting requirements. At the time of our 2008 review, DOD asserted that the compliance method was being performed by the PDHRA program manager and not through AFHSC, as we noted in this 2008 report. In commenting, DOD did not provide relevant details or evidence pertaining to this effort. We maintain that AFHSC's monthly reports to DOD's quality assurance program should include the information necessary, including the total number of servicemembers who returned from deployment and should have completed PDHRAs, in order for the quality assurance program to accurately assess and report PDHRA completion rates to decision makers.

In response to our statement that deployment health assessments are used for surveillance purposes, DOD responded that all deployment health assessments are primarily intended to maintain or improve servicemembers' health and incidentally used for surveillance purposes. We made changes in our report as appropriate to reflect this.

We are sending copies of this report to the Secretary of Defense and appropriate congressional committees and addressees. We will also provide copies to others upon request. In addition, the report is available at no charge on the GAO Web site at <http://www.gao.gov>.

If you or your staff have any questions about this report, please contact me at (202) 512-7114 or williamsonr@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made major contributions to this report are listed in enclosure IV.



Randall B. Williamson
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The Honorable Ken Salazar
United States Senate

The Honorable Bernard Sanders
United States Senate

Enclosure I: Timing and Purpose of DOD Deployment-Based Health Assessments

| DOD Deployment-Based Health Assessments | | |
|--|--|---|
| Name | Purpose and description | Timing |
| Pre-deployment health assessment | <ul style="list-style-type: none"> • To record general information about servicemembers' health to identify any health concerns that may need to be addressed prior to deployment and can be used for surveillance purposes. • A health care provider is to review the pre-deployment health assessment, which is completed by servicemembers. If the provider identifies any health concerns that may affect servicemembers' ability to deploy, the provider may refer servicemembers for a further evaluation. • Required by the National Defense Authorization Act for Fiscal Year 1998.^a | Within 60 days prior to deployment |
| Post-deployment health assessment (PDHA) | <ul style="list-style-type: none"> • To identify and refer servicemembers with health concerns as a result of deployment. • A health care provider is to review the PDHA, which is completed by servicemembers and conduct an interview to discuss any deployment-related health concerns, including mental health concerns, with servicemembers. If necessary, the provider may refer servicemembers for further evaluation. • Required by the National Defense Authorization Act for Fiscal Year 1998.^a | Within 30 days before or 30 days after return from deployment |
| Post-deployment health reassessment (PDHRA) | <ul style="list-style-type: none"> • To focus on servicemembers' health concerns that emerge over time after return from deployment. • A health care provider is to review the completed PDHRA, which is completed by servicemembers, and if necessary conduct an interview to discuss any deployment-related health concerns, including mental health concerns, with servicemembers. If necessary, the provider may refer servicemembers for further evaluation. • Initiated by DOD in 2005. | Within 90 to 180 days after return from deployment |

Source: DOD.

^aNational Defense Authorization Act for Fiscal Year 1998, Pub. L. No. 105-85, § 765(a)(1), 111 Stat. 1629, 1826 (1997) (codified as amended at 10 U.S.C. § 1074f).

Enclosure II: Sample Post-Deployment Health Reassessment Form

This form must be completed electronically. Handwritten forms will not be accepted.

POST-DEPLOYMENT HEALTH RE-ASSESSMENT (PDHRA)

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 136, 1074f; 3013, 5013, 8013 and E.O. 9397

PRINCIPAL PURPOSE(S): To assess your state of health after deployment in support of military operations and to assist military healthcare providers in identifying and providing present and future medical care you may need. The information you provide may result in a referral for additional healthcare that may include medical, dental or behavioral healthcare or diverse community support services.

ROUTINE USE(S): In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, to other Federal and State agencies and civilian healthcare providers, as necessary, in order to provide necessary medical care and treatment.

DISCLOSURE: Voluntary. If not provided, healthcare WILL BE furnished, but comprehensive care may not be possible.

INSTRUCTIONS: Please read each question completely and carefully before entering your response or marking your selection. **YOU ARE ENCOURAGED TO ANSWER EACH QUESTION.** Withholding or providing inaccurate information may impair a healthcare provider's ability to identify health problems and refer you to appropriate sources for additional evaluation or treatment. If you do not understand a question, please ask for help. Please respond based on your **MOST RECENT DEPLOYMENT**.

DEMOGRAPHICS

| | | |
|---------------------------------|----------------------------------|-------------------------|
| Last Name | First Name | Middle Initial |
| Social Security Number | Date of Birth (dd/mm/yy) | Today's Date (dd/mm/yy) |
| S A M P L E | | |
| Date arrived theater (dd/mm/yy) | Date departed theater (dd/mm/yy) | |

| | | | |
|-------------------------------------|---|---|---------------------------|
| Gender | Service Branch | Status Prior to Deployment | Pay Grade |
| <input type="radio"/> Male | <input type="radio"/> Air Force | <input type="radio"/> Active Duty | <input type="radio"/> O1 |
| <input type="radio"/> Female | <input type="radio"/> Army | <input type="radio"/> Selected Reserves - Reserve - Unit | <input type="radio"/> O2 |
| | <input type="radio"/> Navy | <input type="radio"/> Selected Reserves - Reserve - AGR | <input type="radio"/> O3 |
| | <input type="radio"/> Marine Corps | <input type="radio"/> Selected Reserves - Reserve - IMA | <input type="radio"/> O4 |
| | <input type="radio"/> Coast Guard | <input type="radio"/> Selected Reserves - National Guard - Unit | <input type="radio"/> O5 |
| Marital Status | <input type="radio"/> Civilian Employee | <input type="radio"/> Selected Reserves - National Guard - AGR | <input type="radio"/> O6 |
| <input type="radio"/> Never Married | <input type="radio"/> Other | <input type="radio"/> Ready Reserves - IRR | <input type="radio"/> O7 |
| <input type="radio"/> Married | | <input type="radio"/> Ready Reserves - ING | <input type="radio"/> O8 |
| <input type="radio"/> Separated | | <input type="radio"/> Civilian Government Employee | <input type="radio"/> O9 |
| <input type="radio"/> Divorced | | <input type="radio"/> Other | <input type="radio"/> O10 |
| <input type="radio"/> Widowed | | | |

Location of Operation
To what areas were you mainly deployed (land-based operations more than 30 days)? Please mark all that apply, including the number of months spent at each location.

| | |
|---------------------------------|--------------|
| <input type="radio"/> Country 1 | Months _____ |
| <input type="radio"/> Country 2 | Months _____ |
| <input type="radio"/> Country 3 | Months _____ |
| <input type="radio"/> Country 4 | Months _____ |
| <input type="radio"/> Country 5 | Months _____ |

Since return from deployment I have:

| |
|--|
| <input type="radio"/> Maintained/returned to previous status |
| <input type="radio"/> Transitioned to Selected Reserves |
| <input type="radio"/> Transitioned to IRR |
| <input type="radio"/> Transitioned to ING |
| <input type="radio"/> Retired from Military Service |
| <input type="radio"/> Separated from Military Service |

Current Contact Information:

Phone: _____
Cell: _____
DSN: _____
Email: _____
Address: _____

Total Deployments in Past 5 Years:

| | | |
|---------------------------------|---------------------------------|---------------------------------|
| OIF | OEF | Other |
| <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 |
| <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 |
| <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 |
| <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 |
| <input type="radio"/> 5 or more | <input type="radio"/> 5 or more | <input type="radio"/> 5 or more |

Current Unit of Assignment

Current Assignment Location

Point of Contact who can always reach you:

Name: _____
Phone: _____
Email: _____
Mailing Address: _____

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PREVIOUS EDITION IS OBSOLETE.

Page 1 of 5 Pages
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Enclosure II: Sample Post-Deployment Health Reassessment Form

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---------------------------------|-------------------------------|--|---|---------------------------------|--|-----------------------------|---|---|--|---|---|-------------------------------------|---|--|---|------------------------------------|--|--|---|---------------------------------|---|---|--|---------------------------------------|--|---|---|--|---|
| This form must be completed electronically. Handwritten forms will not be accepted. Service Member's Social Security Number: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Overall, how would you rate your health during the PAST MONTH? <input type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor | | | | 2. Compared to before your most recent deployment, how would you rate your health in general now? <input type="radio"/> Much better now than before I deployed <input type="radio"/> Somewhat better now than before I deployed <input type="radio"/> About the same as before I deployed <input type="radio"/> Somewhat worse now than before I deployed <input type="radio"/> Much worse now than before I deployed | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. During the past 4 weeks, how difficult have physical health problems (illness or injury) made it for you to do your work or other regular daily activities? <input type="radio"/> Not difficult at all <input type="radio"/> Very difficult <input type="radio"/> Somewhat difficult <input type="radio"/> Extremely difficult | | | | 4. During the past 4 weeks, how difficult have emotional problems (such as feeling depressed or anxious) made it for you to do your work, take care of things at home, or get along with other people? <input type="radio"/> Not difficult at all <input type="radio"/> Very difficult <input type="radio"/> Somewhat difficult <input type="radio"/> Extremely difficult | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Since you returned from deployment, about how many times have you seen a healthcare provider for any reason, such as in sick call, emergency room, primary care, family doctor, or mental health provider? | | <input type="radio"/> No visits | <input type="radio"/> 1 visit | <input type="radio"/> 2-3 visits | <input type="radio"/> 4-5 visits | <input type="radio"/> 6 or more | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Since you returned from deployment, have you been hospitalized? <input type="radio"/> Yes <input type="radio"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. During your deployment, were you wounded, injured, assaulted or otherwise physically hurt? If NO, skip to Question 8. 7a. If YES, are you still having problems related to this wound, assault, or injury? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. In addition to wounds or injuries you listed in question 7., do you currently have a health concern or condition that you feel is related to your deployment? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8a. If YES, please mark the item(s) that best describe your deployment-related condition or concern: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="radio"/> Fever</td><td><input type="radio"/> Dimming of vision, like the lights were going out</td></tr> <tr><td><input type="radio"/> Cough lasting more than 3 weeks</td><td><input type="radio"/> Chest pain or pressure</td></tr> <tr><td><input type="radio"/> Trouble breathing</td><td><input type="radio"/> Dizzy, light headed, passed out</td></tr> <tr><td><input type="radio"/> Bad headaches</td><td><input type="radio"/> Diarrhea, vomiting, or frequent indigestion/heartburn</td></tr> <tr><td><input type="radio"/> Generally feeling weak</td><td><input type="radio"/> Problems sleeping or still feeling tired after sleeping</td></tr> <tr><td><input type="radio"/> Muscle aches</td><td><input type="radio"/> Trouble concentrating, easily distracted</td></tr> <tr><td><input type="radio"/> Swollen, stiff or painful joints</td><td><input type="radio"/> Forgetful or trouble remembering things</td></tr> <tr><td><input type="radio"/> Back pain</td><td><input type="radio"/> Hard to make up your mind or make decisions</td></tr> <tr><td><input type="radio"/> Numbness or tingling in hands or feet</td><td><input type="radio"/> Increased irritability</td></tr> <tr><td><input type="radio"/> Trouble hearing</td><td><input type="radio"/> Taking more risks such as driving faster</td></tr> <tr><td><input type="radio"/> Ringing in the ears</td><td><input type="radio"/> Skin diseases or rashes</td></tr> <tr><td><input type="radio"/> Watery, red eyes</td><td><input type="radio"/> Other (please list)</td></tr> </table> | | | | | | | | <input type="radio"/> Fever | <input type="radio"/> Dimming of vision, like the lights were going out | <input type="radio"/> Cough lasting more than 3 weeks | <input type="radio"/> Chest pain or pressure | <input type="radio"/> Trouble breathing | <input type="radio"/> Dizzy, light headed, passed out | <input type="radio"/> Bad headaches | <input type="radio"/> Diarrhea, vomiting, or frequent indigestion/heartburn | <input type="radio"/> Generally feeling weak | <input type="radio"/> Problems sleeping or still feeling tired after sleeping | <input type="radio"/> Muscle aches | <input type="radio"/> Trouble concentrating, easily distracted | <input type="radio"/> Swollen, stiff or painful joints | <input type="radio"/> Forgetful or trouble remembering things | <input type="radio"/> Back pain | <input type="radio"/> Hard to make up your mind or make decisions | <input type="radio"/> Numbness or tingling in hands or feet | <input type="radio"/> Increased irritability | <input type="radio"/> Trouble hearing | <input type="radio"/> Taking more risks such as driving faster | <input type="radio"/> Ringing in the ears | <input type="radio"/> Skin diseases or rashes | <input type="radio"/> Watery, red eyes | <input type="radio"/> Other (please list) |
| <input type="radio"/> Fever | <input type="radio"/> Dimming of vision, like the lights were going out | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Cough lasting more than 3 weeks | <input type="radio"/> Chest pain or pressure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Trouble breathing | <input type="radio"/> Dizzy, light headed, passed out | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Bad headaches | <input type="radio"/> Diarrhea, vomiting, or frequent indigestion/heartburn | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Generally feeling weak | <input type="radio"/> Problems sleeping or still feeling tired after sleeping | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Muscle aches | <input type="radio"/> Trouble concentrating, easily distracted | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Swollen, stiff or painful joints | <input type="radio"/> Forgetful or trouble remembering things | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Back pain | <input type="radio"/> Hard to make up your mind or make decisions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Numbness or tingling in hands or feet | <input type="radio"/> Increased irritability | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Trouble hearing | <input type="radio"/> Taking more risks such as driving faster | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Ringing in the ears | <input type="radio"/> Skin diseases or rashes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Watery, red eyes | <input type="radio"/> Other (please list) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| S A M P L E | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9a. During this deployment, did you experience any of the following events? (Mark all that apply) | | | | Yes No | 9b. Did any of the following happen to you, or were you told happened to you, IMMEDIATELY after any of the event(s) you just noted in question 9a? (Mark all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (1) Blast or explosion (IED, RPG, land mine, grenade, etc.) (2) Vehicular accident/crash (any vehicle, including aircraft) (3) Fragment wound or bullet wound above your shoulders (4) Fall (5) Other event (for example, a sports injury to your head). Describe: | | | | <input type="radio"/> <input type="radio"/> | (1) Lost consciousness or got "knocked out" (2) Felt dazed, confused, or "saw stars" (3) Didn't remember the event (4) Had a concussion (5) Had a head injury | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Did any of the following problems begin or get worse after the event(s) you noted in question 9a? (Mark all that apply) | | | | Yes No | d. In the past week, have you had any of the symptoms you indicated in 9c? (Mark all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (1) Memory problems or lapses (2) Balance problems or dizziness (3) Ringing in the ears (4) Sensitivity to bright light (5) Irritability (6) Headaches (7) Sleep problems | | | | <input type="radio"/> <input type="radio"/> | (1) Memory problems or lapses (2) Balance problems or dizziness (3) Ringing in the ears (4) Sensitivity to bright light (5) Irritability (6) Headaches (7) Sleep problems | | | | | | | | | | | | | | | | | | | | | | | | | | |

DD FORM 2900, JAN 2008

Page 2 of 5 Pages

Enclosure II: Sample Post-Deployment Health Reassessment Form

This form must be completed electronically. Handwritten forms will not be accepted.

Service Member's Social Security Number:

10. Do you have any persistent major concerns regarding the health effects of something you believe you may have been exposed to or encountered while deployed? Yes No
If NO, skip to question 11.

10a. If YES, please mark the item(s) that best describe your concern:

| | |
|---|---|
| <input type="checkbox"/> Animal bites | <input type="checkbox"/> Loud noises |
| <input type="checkbox"/> Animal bodies (dead) | <input type="checkbox"/> Paints |
| <input type="checkbox"/> Chlorine gas | <input type="checkbox"/> Pesticides |
| <input type="checkbox"/> Depleted uranium (If yes, explain) | <input type="checkbox"/> Radar/Microwaves |
| <input type="checkbox"/> Excessive vibration | <input type="checkbox"/> Sand/dust |
| <input type="checkbox"/> Fog oil/s (smoke screen) | <input type="checkbox"/> Smoke from burning trash or feces |
| <input type="checkbox"/> Garbage | <input type="checkbox"/> Smoke from oil fire |
| <input type="checkbox"/> Human blood, body fluids, body parts, or dead bodies | <input type="checkbox"/> Solvents |
| <input type="checkbox"/> Industrial pollution | <input type="checkbox"/> Tent heater smoke |
| <input type="checkbox"/> Insect bites | <input type="checkbox"/> Vehicle or truck exhaust fumes |
| <input type="checkbox"/> Ionizing radiation | <input type="checkbox"/> Other exposures to toxic chemicals or materials, such as ammonia, nitric acid, etc.: (If yes, explain) |
| <input type="checkbox"/> JP8 or other fuels | |
| <input type="checkbox"/> Lasers | |

11. Since return from your deployment, have you had serious conflicts with your spouse, family members, close friends, or at work that continue to cause you worry or concern? Yes No Unsure

S A M P L E

12. Have you ever had any experience that was so frightening, horrible, or upsetting that, IN THE PAST MONTH, you

- a. Have had nightmares about it or thought about it when you did not want to? Yes No
- b. Tried hard not to think about it or went out of your way to avoid situations that remind you of it? Yes No
- c. Were constantly on guard, watchful, or easily startled? Yes No
- d. Felt numb or detached from others, activities, or your surroundings? Yes No

- 13a. In the PAST MONTH, Did you use alcohol more than you meant to? Yes No

- b. In the PAST MONTH, have you felt that you wanted to or needed to cut down on your drinking? Yes No

- c. How often do you have a drink containing alcohol?
- | | | | | |
|-----------------------------|---------------------------------------|--|---|--|
| <input type="radio"/> Never | <input type="radio"/> Monthly or less | <input type="radio"/> 2 to 4 times a month | <input type="radio"/> 2 to 3 times a week | <input type="radio"/> 4 or more times a week |
|-----------------------------|---------------------------------------|--|---|--|

- d. How many drinks containing alcohol do you have on a typical day when you are drinking?
- | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|----------------------------------|
| <input type="radio"/> 1 or 2 | <input type="radio"/> 3 or 4 | <input type="radio"/> 5 or 6 | <input type="radio"/> 7 to 9 | <input type="radio"/> 10 or more |
|------------------------------|------------------------------|------------------------------|------------------------------|----------------------------------|

- e. How often do you have six or more drinks on one occasion?
- | | | | | |
|-----------------------------|---|-------------------------------|------------------------------|-----------------------------|
| <input type="radio"/> Never | <input type="radio"/> Less than monthly | <input type="radio"/> Monthly | <input type="radio"/> Weekly | <input type="radio"/> Daily |
|-----------------------------|---|-------------------------------|------------------------------|-----------------------------|

14. Over the PAST MONTH, have you been bothered by the following problems?
- | | Not at all | Few or several days | More than half the days | Nearly every day |
|--|-----------------------|-----------------------|-------------------------|-----------------------|
| a. Little interest or pleasure in doing things | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Feeling down, depressed, or hopeless | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

15. Would you like to schedule a visit with a healthcare provider to further discuss your health concern(s)? Yes No

16. Are you currently interested in receiving information or assistance for a stress, emotional or alcohol concern? Yes No

17. Are you currently interested in receiving assistance for a family or relationship concern? Yes No

18. Would you like to schedule a visit with a chaplain or a community support counselor? Yes No

Enclosure II: Sample Post-Deployment Health Reassessment Form

This form must be completed electronically. Handwritten forms will not be accepted.

Service Member's Social Security Number: _____ Date (dd/mmm/yyyy): _____

Health Care Provider Only

Provider Review and Interview

1. Review symptoms and deployment concerns identified on form:

Confirmed screening results as reported
 Screening results modified, amended, clarified during interview

2. Ask behavioral risk questions. Conduct risk assessment.

a. Over the PAST MONTH, have you been bothered by thoughts that you would be better off dead or of hurting yourself in some way? Yes No
 IF YES, about how often have you been bothered by these thoughts? Very few days More than half of the time Nearly every day

b. Since return from your deployment, have you had thoughts or concerns that you might hurt or lose control with someone? Yes No Unsure

3. If member reports positive or unsure response to 2a. or 2b., conduct risk assessment.

a. Does member pose a current risk for harm to self or others? No, not a current risk Yes, poses a current risk Unsure
b. Outcome of assessment Immediate referral Routine follow-up referral Referral not indicated

4. Alcohol screening result

No evidence of alcohol-related problems
 Potential alcohol problem (positive response to either question 13a or 13b, and/or AUDIT-C (questions 13c-e) score of 4 or more for men or 3 or more for women)
Refer to PCM for evaluation. Yes No

5. Traumatic Brain Injury (TBI) risk assessment

No evidence of risk based on responses to questions 9.a. - d.
 Potential TBI with persistent symptoms, based on responses to question 9d.
Refer for additional evaluation. Yes No

6. Record additional questions or concerns identified by patient during interview:

DD FORM 2900, JAN 2008

Page 4 of 5 Pages

Enclosure II: Sample Post-Deployment Health Reassessment Form

This form must be completed electronically. Handwritten forms will not be accepted.

Service Member's Social Security Number:

Date (dd/mm/rrrr):

Assessment and Referral: After my interview with the service member and review of this form, there is a need for further evaluation and follow-up as indicated below. (More than one may be noted for patients with multiple concerns.)

| 7. Identified Concerns | Minor Concern | Major Concern | Already Under Care | | 8. Referral Information | | |
|--|-----------------------|-----------------------|---|-----------------------|---|-----------------------|-----------------------|
| | | | Yes | No | Within 24 hours | Within 7 days | Within 30 days |
| <input type="radio"/> Physical Symptom(s) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> a. Primary Care, Family Practice | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Exposure Symptom(s) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> b. Behavioral Health in Primary Care | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Depression symptoms | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> c. Mental Health Specialty Care | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> PTSD symptoms | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> d. Other specialty care: AudioLOGY | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Anger/Aggression | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Cardiology | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Suicidal Ideation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Dentistry | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Social/Family Conflict | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Dermatology | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Alcohol Use | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> ENT | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Other: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> GI | <input type="radio"/> | <input type="radio"/> |
| 9. Comments: | | | <input type="radio"/> Internal Medicine | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| | | | <input type="radio"/> Neurology | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| | | | <input type="radio"/> OB/GYN | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| | | | <input type="radio"/> Ophthalmology | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| | | | <input type="radio"/> Optometry | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| | | | <input type="radio"/> Orthopedics | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| | | | <input type="radio"/> Pulmonology | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| | | | <input type="radio"/> Urology | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| | | | <input type="radio"/> e. Case Manager, Care Manager | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| | | | <input type="radio"/> f. Substance Abuse Program | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| | | | <input type="radio"/> g. Health Promotion, Health Education | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| | | | <input type="radio"/> h. Chaplain | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| | | | <input type="radio"/> i. Family Support, Community Service | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| | | | <input type="radio"/> j. Military OneSource | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| | | | <input type="radio"/> k. Other: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| | | | <input type="radio"/> l. No referral made | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |

I certify that this review process has been completed.

10. Provider's signature and stamp:

ICD-9 Code for this visit: V70.5 F

S A M P L E

Ancillary Staff/Administrative Section

| | |
|--|---|
| 11. Member was provided the following: | 12. Referral was made to the following healthcare or support system: |
| <input type="radio"/> Health Education and Information | <input type="radio"/> Military Treatment Facility |
| <input type="radio"/> Health Care Benefits and Resources Information | <input type="radio"/> Division/Line-based medical resource |
| <input type="radio"/> Appointment Assistance | <input type="radio"/> VA Medical Center or Community Clinic |
| <input type="radio"/> Service member declined to complete form | <input type="radio"/> Vet Center |
| <input type="radio"/> Service member declined to complete interview/assessment | <input type="radio"/> TRICARE Provider |
| <input type="radio"/> Service member declined referral for services | <input type="radio"/> Contract Support |
| <input type="radio"/> LOD | <input type="radio"/> Community Service |
| <input type="radio"/> Other _____ | <input type="radio"/> Other _____ |
| | <input type="radio"/> None |

DD FORM 2900, JAN 2008

Page 5 of 5 Pages

Comments from the Department of Defense



HEALTH AFFAIRS

THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

AUG 18 2008

Mr. Randall B. Williamson
Acting Director, Health Care
U.S. Government Accountability Office
441 G Street, N.W.
Washington, DC 20548

Dear Mr. Williamson:

This is the Department of Defense (DoD) response to the Government Accountability Office (GAO) draft report, GAO-08-1025r, "DEFENSE HEALTH CARE: Oversight of Military Services' Post-Deployment Health Reassessment Completion Rates is Limited," dated July 31, 2008 (GAO Code 290686).

Thank you for the opportunity to review and provide comments. Overall, we concur with the draft report's findings and conclusions. Although there were no formal recommendations, there are several items in the report that we would like to address.

A recurrent theme in this report is that DoD's quality assurance (QA) program is unable to accurately assess whether post-deployment health reassessments (PDHRAs) are completed and fails to adequately "oversee" the PDHRA program. Possibly this is a matter of semantics, but some dictionaries define oversight to include supervision or management, which would be beyond the scope of a QA program. The actual management and execution of the program is the responsibility of the commanders and the Military Health System.

This GAO report suggests that PDHRA compliance cannot be accurately assessed without the military Services providing consistent and complete information to the Deployment Health QA program office. The real key is in the military Services providing complete and accurate information to the enterprise-wide systems of record that have been identified, such as the Defense Manpower Data Center (DMDC) and the Defense Medical Surveillance System (DMSS). From these systems, accurate compliance calculations will be available at any time, to both the Services and the QA office, eliminating redundant reporting. To this end, DoD has been working hard since November 2007 to develop high quality data feeds from the Services to DMDC and DMSS. Given the past criticisms DoD has received for accepting Service data at face value, this seems the only way to ensure accurate compliance monitoring.

In addition, DoD does not conduct site visits as a core mechanism for validating quarterly Service QA input. Site visits allow us to get a feel for the operational realities

of force health protection and to provide staff assistance in a nonthreatening fashion. Such visits cannot possibly provide the volume of data necessary to validate the information contained in Service and DoD databases; hence, our emphasis is on analyzing and improving those systems, as mentioned above.

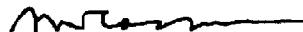
Regarding "... inconsistencies within a Service and among the Services . . ." you highlight the differences between the Army's 2007 quarterly reports and differences between the Army and the other Services. Given the non-homogenous nature of combat operations among the Services (deployments of large versus small units versus individual augmentees, variable tour lengths, etc.), it is unlikely the reports would ever look the same over time.

The report also emphasizes the failure of DoD to "... work with Armed Forces Health Surveillance Center (AFHSC) to specify reporting requirements . . ." The situation has changed considerably since the GAO-07-831 report. The AFHSC was not officially established until February 2008. In the meantime, the AFHSC staff has developed a detailed compliance assessment methodology using DMSS and other DoD-level data sources, as you mention. Consequently, there hasn't been any need to modify the other routine AFHSC reports that were designed to match those produced for the Department of Defense Forms 2796, per customer needs.

Finally, there is one important misstatement (enclosure 1) that needs correction. In the pre-deployment health assessment section, you mention that this assessment is performed for "surveillance purposes." This is incorrect. All three of the deployment-health assessments were designed as clinical encounters with the primary goal of maintaining or improving the Service member's health. The self-reporting tools (DD Forms 2795, 2796, and 2900) were designed as clinical support tools. We simply do our best to leverage the information on the forms for surveillance purposes.

Thank you for the opportunity to review and comment on the draft report. My points of contact for additional information are Colonel Kenneth Cox, who may be reached at Kenneth.Cox1@ha.osd.mil or (703) 578-8524, and Mr. Gunther Zimmerman, who may be reached at Gunther.Zimmerman@tma.osd.mil or (703) 681-4360.

Sincerely,



S. Ward Casscells, MD

Enclosure:
As stated

GAO Contact and Staff Acknowledgments

GAO Contact

Randall B. Williamson, (202) 512-7114 or williamsonr@gao.gov

Acknowledgments

In addition to the contact named above, Mary Ann Curran, Assistant Director; Martha Fisher; Drew Long; Jasleen Modi; Lisa Motley; and Samantha Poppe made key contributions to this report.

(290686)

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